**South Carolina General Assembly**

125th Session, 2023-2024

**A128, R143, H3309**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Gilliam, Pope, Erickson, Bradley, Davis, Caskey and M.M. Smith

Companion/Similar bill(s): 906

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Introduced in the House on January 10, 2023

Introduced in the Senate on January 31, 2024

Currently residing in the House

Governor's Action: May 13, 2024, Signed

Summary: Seizure Safe Schools Act

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/8/2022 House Prefiled

 12/8/2022 House Referred to Committee on **Education and Public Works**

 1/10/2023 House Introduced and read first time (House Journal‑page 129)

 1/10/2023 House Referred to Committee on **Education and Public Works** (House Journal‑page 129)

 2/21/2023 House Member(s) request name added as sponsor:
 Erickson, Bradley

 3/1/2023 House Member(s) request name added as sponsor: Davis

 1/24/2024 House Committee report: Favorable with amendment **Education and Public Works** (House Journal‑page 7)

 1/25/2024 House Member(s) request name added as sponsor: Caskey

 1/30/2024 House Member(s) request name added as sponsor: M.M. Smith

 1/30/2024 House Read second time (House Journal‑page 28)

 1/30/2024 House Roll call Yeas-114 Nays-0 (House Journal‑page 32)

 1/31/2024 House Read third time and sent to Senate (House Journal‑page 24)

 1/31/2024 Senate Introduced and read first time (Senate Journal‑page 5)

 1/31/2024 Senate Referred to Committee on **Education** (Senate Journal‑page 5)

 1/31/2024 Scrivener's error corrected

 2/28/2024 Senate Committee report: Favorable **Education** (Senate Journal‑page 18)

 3/1/2024 Scrivener's error corrected

 3/19/2024 Senate Read second time (Senate Journal‑page 22)

 3/19/2024 Senate Roll call Ayes-42 Nays-1 (Senate Journal‑page 22)

 3/20/2024 Senate Read third time and enrolled (Senate Journal‑page 12)

 5/8/2024 Ratified R 143

 5/13/2024 Signed By Governor

 5/29/2024 Effective date 07/01/25

 5/29/2024 Act No. 128

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=3309&session=125&summary=B)  at the website

**VERSIONS OF THIS BILL**

[12/08/2022](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20221208.docx)

[01/24/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20240124.docx)

[01/30/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20240130.docx)

[01/31/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20240131.docx)

[02/28/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20240228.docx)

[03/01/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/3309_20240301.docx)

(A128, R143, H3309)

AN ACT to amend the south carolina code of laws by enacting the “seizure safe schools act” by adding section 59-10-215 so as to provide each school district and charter school shall adopt a seizure training program and to provide the purposes and requirements of the programs; and by amending section 59-63-80, relating to individual health care plans for students with special health care needs, so as to make conforming changes.

Be it enacted by the General Assembly of the State of South Carolina:

Citation

SECTION 1. This act must be known and may be cited as the “Seizure Safe Schools Act”.

Mandatory seizure training programs in schools

SECTION 2. Article 2, Chapter 10, Title 59 of the S.C. Code is amended by adding:

 Section 59‑10‑215. Each school district and charter school shall adopt a seizure training program to provide instruction in understanding the basics about epilepsy and its impact on student learning, recognizing signs and symptoms of seizures, the appropriate steps to be taken to respond to symptoms of a seizure, and the administration of seizure medications. This training must be consistent with guidelines established by a qualified nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders. The completion of this training must be documented by the school district and the training may be provided virtually, provided by school or district staff, or may be conducted by an individual trained to deliver such information.

Program requirements

SECTION 3. Section 59‑63‑80 of the S.C. Code is amended to read:

 Section 59‑63‑80. (A) As used in this section:

 (1) “Medication” is defined as medication prescribed by a health care provider contained in the original packaging with the appropriate pharmacy label or in a secure package containing a note from the prescribing physician or pharmacist that appropriately identifies the medicine.

 (2) “Monitoring device” is defined as implements prescribed by a health care provider for monitoring a chronic health condition.

 (3) “Individual health care plan” (IHP) is defined as a plan of care designed specifically for an individual student to provide for meeting the health monitoring and care of the student during the school day or at school‑sponsored functions.

 (4) “Emergency action plan” (EAP) is defined as a plan for handling emergency situations that may occur as a result of a student’s medical diagnosis during the school day or at school‑sponsored functions.

 (5) “Seizure action plan” (SAP) is defined as a written, emergency action plan as a supplement to the individualized health plan provided by the parent or legal guardian of a student who is diagnosed with a seizure disorder and signed by the child’s health care provider. Such a plan must acknowledge the health care needs of the student, prepare both parties to meet those needs, and apply over the course of a school year.

 (B) Each school district shall adopt a policy requiring that students with special health care needs have individual health care plans. This policy must address the administration of medication needed for the student’s specific health care needs, address training requirements specific to the student’s health care needs for school personnel with direct student contact when appropriate as determined by the school nurse, and provide information to additional school personnel on recognizing signs and symptoms associated with specific medical conditions. Additionally, the plan must provide for the authorization of a student to self‑monitor and self‑administer medication as prescribed by the student’s health care provider unless there is sufficient evidence that unsupervised self‑monitoring or self‑medicating would seriously jeopardize the safety of the student or others. The policy must include, but is not limited to:

 (1) a requirement that the student’s parent or legal guardian provide to the school:

 (a) written authorization from the parent or legal guardian for the administration of medications needed for the student’s specific health care needs to include whether school personnel or volunteers are permitted to administer, and, if appropriate, authorization for the student to self‑monitor and self‑administer medication; and

 (b) a written statement from the student’s health care practitioner who prescribed the medication verifying that the student has a medical condition and medicine is required to treat the condition. If the student has permission to self‑monitor and self‑administer medication, the health care practitioner’s statement must verify that the student has been instructed and demonstrates competency in self‑monitoring or self‑administration of medications, or both;

 (2) authorization for a student to possess on his person and administer medication while:

 (a) in the classroom and in any area of the school or school grounds;

 (b) at a school‑sponsored activity;

 (c) in transit to or from school or school‑sponsored activities; or

 (d) during before‑school or after‑school activities on school‑operated property.

 (C) The statements required in subsection (B)(1) must be kept on file in the office of the school nurse or school administrator.

 (D)(1) The State Department of Education shall develop guidelines for required components of a written student individual health care plan to include training specific to the student’s health care needs for school personnel with direct student contact, and if appropriate as determined by the school nurse, provide information to additional school personnel on recognizing signs and symptoms associated with specific medical conditions. These plans must be developed with input from and with the approval of:

 (a) the student’s health care practitioner who prescribed the medication;

 (b) the parent or legal guardian;

 (c) the student, if appropriate; and

 (d) the school nurse or other designated school staff member.

 (2) If a student qualifies for a Federal 504 medical accommodations plan, that process must meet the requirements for the state‑required individual health plan.

 (3) The parent or guardian and the student, if appropriate, shall authorize the school to share the student’s individual health care plan with school staff who have a legitimate need for knowledge of the information.

 (4) If a student’s health care practitioner deems appropriate and written information outlining the student’s health needs is provided by the parent and health care practitioner, an EAP shall accompany the IHP for distribution to school staff who have a legitimate need for knowledge of the information.

 (5) If a student’s health care practitioner deems appropriate and written information outlining the student’s health needs is provided by the parent and health care practitioner, an SAP shall accompany the EAP for distribution to school staff who have a legitimate need for knowledge of the information.

 (E) All medication authorized to be carried by the student must be maintained in a container appropriately labeled by the pharmacist who filled the prescription.

 (F) A student’s permission to self‑monitor or self‑administer medication may be revoked if the student endangers himself or others through misuse of the monitoring device or medication.

 (G) The permission for self‑monitoring or self‑administration of medication is effective for the school year in which it is granted and must be renewed each school year upon fulfilling the requirements of this section.

 (H) A parent or guardian shall sign a statement acknowledging that:

 (1) the school district and its employees and agents are not liable for an injury arising from a student’s self‑monitoring or self‑administration of medication;

 (2) the parent or guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from a student’s self‑monitoring or self‑administration of medication;

 (3) the school district and its employees and agents are not liable for an injury arising from administration of medication authorized by an IHP;

 (4) the parent or guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from administration of medication authorized by an IHP.

Time effective

SECTION 4. This act takes effect July 1, 2025.

Ratified the 8th day of May, 2024.

Approved the 13th day of May, 2024.

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